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| **Nursing Assistant Training Program Student Record** |
| **Program Name:**  | **Program Number:**  |
| **Directions** |
| Use the program evaluation methods to complete the student record form below. All components/ criteria included in program evaluation methods should be reflected on this form. Programs maintain student files for a minimum of five (5) years, per [WAC 246-841A-455(2)](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-455&pdf=true) |
| Student Information |
| **Student Name:**  **Enrollment** **Dates:**  |
| Test Results |
| **Test Date** | **Test Number or Title** | **Grade or Percentage** |
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| Passing Criteria/Standards |
| **Course Component** | **Criteria/Standard** | **Met/Not Met** |
| **Class/Theory** |  |  |
| **Skills Lab** |  |  |
| **In-Facility Clinical** |  |  |
| **Overall** |  |  |
| Course Outcome |
| ☐ Passed ☐Failed ☐ Withdrew ☐ Incomplete |
| ☐ Check if this is a repeat attempt to pass the class. |
| Comments |
| Use this section for comments. If applicable, explain failure, dismissal, or standards not met. |
| Program Director’s Signature |
| **Program Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_****Program Director’s name:** \_\_\_\_\_\_\_**Please print, sign, and return via email to** **WABONNursingAssistantsED@doh.wa.gov** |